

# **Ames Research Center Automated Information Security**

## **Procedure for Granting Foreign Nationals Access to Sensitive and/or Mission-Critical NASA Automated Information Systems**

Prior to granting accounts to foreign nationals and representatives of foreign governments on NASA computer resources which process sensitive or mission-critical information, a request needs to be submitted through the DPI-AISO to the Installation Chief of Security (ICS/ARC Chief of Protective Services) for investigation and approval. (Ref. NHB 2410.9A, Section 307, page 3-14.) This process does not apply to Resident Aliens lawfully admitted to the U.S. under an immigrant visa or permanent residence. (Ref. NMI 1371.3, Coordination and Authorization of Foreign Visits to NASA Facilities).

The attached form, "REQUEST FOR FOREIGN NATIONAL ACCESS", implements this requirement and is to be:

1. Completed by the individual requiring access (the "user");
2. Certified by the "US Government Sponsor"
  - a) to be correct to the best of their knowledge and
  - b) that granting access would be in the best interest of the US Government;
3. Certified by the DPI-AISO that the sensitivity levels of the information and systems to be accessed by this request are correct to the best of their knowledge;
4. Approved or disapproved by the Chief of Protective Services; and
5. Filed when completed with the System Administrator and the ARC AIS Office.

The form and the above procedures follow the guidelines in NHB 2410.9A.

**INSTRUCTIONS  
FOR  
COMPLETING FOREIGN NATIONAL PAPERWORK**

***NOTE: All Fields must be completed.***

**Requestor Provided Information**

**(Page 3) Background Information:**

- 1-5. Personal Information
- 6-11. Passport and Visa Information.
- 12. Indicate the agreement and/or contract name and number, which your Sponsor can provide, to ensure proper authorization has been obtained for your requested access.
- 13 Expiration date of above agreement and/or contract.
- 14. Requestors Signature.

**(Page 5) Name Check Request:**

Provide **ALL** information requested.

**U.S. Government Sponsor Provided Information**

**(Page 4) Access Request Information:**

- 15. Requestor's Full Name
- 16. Computer access period of authorization by Sponsor.
- 17. List program milestones and/or assignments to be completed by this user.
- 18. Select systems for which this user will require access.
- 19. Provide users individual workstation network (IP) address and any aliases and/or canonical names  
OR  
Full Mailing address and phone number of originating internet connection
- 20. Will this user share data, results, code, and/or algorithms with other co-investigators. Indicate No/Yes and include Sensitivity level of Project related files if answer is Yes.
- 21. Will this user share data, results, code, and/or algorithms with co-investigators on other projects. Indicate No/Yes.
- 22. Provide a listing of **ALL** data, results, code and/or algorithms which user will share with other users. (*Include: Pathname, Sensitivity Level, Data Owner and Origination, Reason for access.*)
- 23. Signature of U.S. Government Sponsor.

**AMES RESEARCH CENTER  
REQUEST FOR FOREIGN NATIONAL COMPUTER ACCESS**

**Background Information:** (To be filled out by Applicant)

**(Please print or type information)**

**Personal:**

1. Full Name: \_\_\_\_\_
2. Birthplace: \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Country of Citizenship: \_\_\_\_\_
5. Social Security Number, if available: \_\_\_\_\_

**Permits:**

6. Passport Number: \_\_\_\_\_
7. Place and date issued: \_\_\_\_\_
8. Expiration date: \_\_\_\_\_
9. Visa number and type: \_\_\_\_\_
10. Place and date issued: \_\_\_\_\_
11. Expiration date: \_\_\_\_\_

**Representation:**

12. Reference any international partnership agreements by name and date, **OR**  
U.S. Government contract name, number and date:

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13. Expiration Date of Agreement or Contract: \_\_\_\_\_

\_\_\_\_\_  
14. **Applicant Signature**

\_\_\_\_\_  
**Date**

**AMES RESEARCH CENTER  
REQUEST FOR FOREIGN NATIONAL COMPUTER ACCESS**

**Access Request Information:** (To be filled out by U.S. Government Sponsor)  
(Please print or type information)

15. Name of Foreign National requiring access: \_\_\_\_\_

16. Access Period Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

17. State exact tasks this individual requires computer access to complete:

\_\_\_\_\_

**18. Systems to be accessed:**

☐ CoSMO J90                      ☐ CoSMO Other                      ☐ IT Processor                      ☐ Other  
☐ CoSMO C90                      ☐ HPCCP Processor                      ☐ Mass Storage                      \_\_\_\_\_

**Specific access locations:**

19. Primary originating host name(s) and location(s): \_\_\_\_\_

**OR** Address and telephone number from which dial-in access will occur: \_\_\_\_\_

\_\_\_\_\_

**Files/Applications to be accessed:**

Access to normal (world readable/executable) system files and applications such as compilers and editors is assumed and need not be listed below.

20. Will this user have group access to project files/applications owned by other project members?  
☐ No      ☐ Yes      Sensitivity level of these files: \_\_\_\_\_

21. Will this user require access to files/applications other than above?      ☐ No      ☐ Yes

22. Explain why and List below:

File or Application Name	Sensitivity Level	Data Owner Name and Origination	Reason for Access
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Certifications/Concurrence:**

23. I certify that the information on this request is correct to the best of my knowledge and that granting access would be in the best interests of the US Government.

\_\_\_\_\_  
**Sponsor Name (Print)**                      **Sponsor Signature**                      **Date**

**Organization** \_\_\_\_\_ **Phone** \_\_\_\_\_

## NAME CHECK REQUEST

Note: When filled in: subject to the Privacy Act of 1974. When not under continuing control and supervision of a person authorized access to this material it must be, as a minimum, maintained under locked conditions.

TO (Check and complete): ☐ FBI-NC ☐ FBI-FP ☐ OPM ☐ CIA ☐ STATE ☐ I&NS ☐ DIS ☐ \_\_\_\_\_

### Please Type all Information

Requestor Name: (Last, First, Middle):		Other Names Used: (Last, First, Middle)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Place of Birth:	U.S. Nat. No.:	Alien Regis. No.:	Military Serial No.:
Citizenship:	Social Security No.	Full Name of Spouse(s). Including Maiden Name(s):		

### RESIDENCES IN EXCESS OF THREE MONTHS FOR THE PAST FIVE YEARS

DATES	NUMBER AND STREET	CITY AND STATE	ZIP CODE

### EMPLOYMENT FOR THE PAST FIVE YEARS

DATES	EMPLOYER	FULL MAILING ADDRESS	ZIP CODE

I, \_\_\_\_\_, certify that the information on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Center (check one): <input type="checkbox"/> ARC <input type="checkbox"/> GSFC <input type="checkbox"/> JSC <input type="checkbox"/> KSC <input type="checkbox"/> LARC <input type="checkbox"/> LERC <input type="checkbox"/> MSFC <input type="checkbox"/> NSTL <input type="checkbox"/> HQ	Purpose of Request <b>FOREIGN NATIONAL</b>	Date
Return to: NASA SECURITY OFFICE Code JLS 300 E Street, SW Washington, DC 20546 ATTN: Robert Thomas	This Block to be Used for Agency Response	

**AMES RESEARCH CENTER  
REQUEST FOR FOREIGN NATIONAL COMPUTER ACCESS**

**(Please print or type information)**

**Certifications/Concurrence:** (To be filled out by ARC DPI-AISO)

System Sensitivity Level(s): \_\_\_\_\_

I certify that the sensitivity levels of the information and systems to be accessed by this request are correct to the best of my knowledge.

Alex Woo

_____ <b>Name (Print)</b>	_____ <b>Signature</b>	_____ <b>Date</b>
IN	x4-6010	
_____ <b>Organization</b>	_____ <b>Phone</b>	

**Approval Disapproval:** (To be filled by Ames Research Center Installation Chief of Security)

This request for access is ☐ Approved or ☐ Disapproved by the Ames Research Center Installation Chief of Security.

_____ <b>Name (Print)</b>	_____ <b>Signature</b>	_____ <b>Date</b>
_____ <b>Organization</b>	_____ <b>Phone</b>	

**Comments:**

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